

09 / 857 124

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 857124	RECEIPT DATE:	06 / 01 / 01
IA NUMBER:	PCT/ CH98 / 00512	IA FILING DATE:	12 / 01 / 98
FAMILY NAME:	RITTER	DELAY WAIVED (Y/N):	N
GIVEN NAME:	RUDOLF	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	12 / 02 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	P 281272	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000909	TELEPHONE 2028220944
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NAME: PILLSBURY WINTHROP LLP

STREET: 1600 TYSONS BOULEVARD

CITY: MCLEAN

STATE/COUNTRY: VA ZIP: 22102

EMAIL:

APPLICATION TITLES:

MOBILE DEVICE AND METHOD FOR RECEIVING AND PROCESSING PROGRAM ACCOMPANYING DATA

TAB TO LAST POSITION,PUSH SEND



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UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 9808

SERIAL NUMBER 09/857,124	FILING DATE 06/01/2001 RULE	CLASS 701	GROUP ART UNIT 2681	ATTORNEY DOCKET NO. P-281272/150	
APPLICANTS Rudolf Ritter, Zollikofen, SWITZERLAND;					
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/CH98/00512 12/02/1998 <i>JP</i>					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/10/2002					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> <i>JP</i> Examiner's Signature Initials		STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING 1	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
ADDRESS 00909					
TITLE Mobile device and method for receiving and processing program-accompanying data					
FILING FEE RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		